



Please type a plus sign (+) inside this box

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	209-US-NEW6
First Named Inventor	SCHENK, Dale B.
<b>COMPLETE IF KNOWN</b>	
Application Number	09/585,817
Filing Date	06/01/2000
Group Art Unit	1646
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE

the specification of which

*(Title of the Invention)*

is attached hereto

8

was filed on (MM/DD/YYYY) 06/01/2000 as United States Application Number or PCT International

Application Number 09/585,817 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/137,010	06/01/1999	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)



Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet P-1.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact business with the Patent and Trademark Office connected therewith:  Customer Number **21835** →

OR

 Registered practitioner(s) name/registration number listed below

PATENT AND TRADEMARK OFFICE

**21835**

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address below

Name	Nina M. Ashton				
Address	Elan Pharmaceuticals, Inc.				
Address	800 Gateway Boulevard				
City	South San Francisco	State	CA	ZIP	94080
Country		Telephone	650-616-2639	Fax	650-553-7165

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Dale B.	SCHENK

Inventor's Signature	<i>Dale B. Schenk</i>				Date	9/25/00
----------------------	-----------------------	--	--	--	------	---------

Residence: City	Burlingame	State	CA	Country	US	Citizenship	US
-----------------	------------	-------	----	---------	----	-------------	----

Post Office Address	1542 Los Altos Drive						
---------------------	----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Burlingame	State	CA	ZIP	94010	Country	US
------	------------	-------	----	-----	-------	---------	----

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto